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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/758,767
	Filing Date	January 16, 2004
	First Named Inventor	Hector F. DeLuca
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	1256-00935

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Thomas M. Wozny, Reg. No. 28,922 Andrus, Seales, Starke & Sawall, LLP	
Signature		
Date	April 8, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Dorothy A. Hauser	
Signature		Date April 8, 2004

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Hector F. DeLuca	)	CERTIFICATE OF MAILING
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Appl. No.:	10/758,767	)	Postal Service with sufficient postage as
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Title:	Modified Retinoid	)	to: Commissioner of Patents, P.O. Box
	Compounds and Their Uses	)	1450, Alexandria, VA 22313-1450, on
Docket No.:	1256-00935	)	this 8th day of April, 2004.
		)	
<b>Priority Data:</b>		)	
Appl. No.:	60/440,683	)	<u><i>Dorothy A. Hauser</i></u> April 8, 2004
Filed:	January 17, 2003	)	Dorothy A. Hauser Date
Title:	Modified Retinoid	)	
	Compounds and Their Uses	)	

INFORMATION DISCLOSURE STATEMENT

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Sir:

The references listed on the enclosed PTO Form 1449 are being submitted in the above-identified patent application in accordance with 37 CFR 1.97(b)(3).

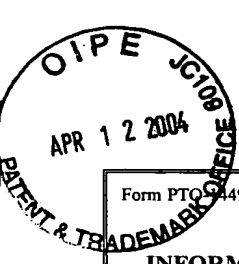
A copy of each of the listed references is enclosed in compliance with the rules.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

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Form PTO-449	U.S. Department of Commerce Patent and Trademark Office	Atty. Docket No. <b>1256-00935</b>	Appln. No.: <b>10/758,767</b>
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use several sheets if necessary)		Applicant <b>Hector F. DeLuca et al</b>	
		Filing Date <b>January 16, 2004</b>	Group Art Unit

U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF PPROPRIATE
		4,677,120	06/30/1987	Parish et al	514	549	
		4,885,311	12/05/1989	Parish et al	514	549	
		4,994,491	02/19/1991	Purcell et al	514	529	
		5,049,584	09/17/1991	Purcell et al	514	529	
		5,124,356	06/23/1992	Purcell et al	514	529	
		5,837,728	11/17/1998	Purcell	514	529	

FOREIGN PATENT DOCUMENTS							
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION Yes No

OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, Etc.)		

EXAMINER	DATE CONSIDERED
*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance <u>and</u> not considered. Include copy of this form with next communication to client.	